PTO/SB/17 (10-08)
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FEE TRANSMITTAL
For FY 2009

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/550,808
Filing Date	01/26/2007
First Named Inventor	GUERRET, O.
Examiner Name	FERGUSON, L.
Art Unit	1794
Attorney Docket No.	FR-AM1979NP

TOTAL AMOUNT OF PAYMENT	[$]	$1,300.00

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify):

☒ Deposit Account   Deposit Account Number: __01-2717__   Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid($)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

		Small Entity
Fee Description	Fee ($)	Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee ($)		Fee Paid ($)		
_____ - 20 or HP = _____	x	$52.00	=	$0.00		
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee ($)		Fee Paid ($)		
_____ - 3 or HP = _____	x	$220.00	=	$0.00		
HP = highest number of independent claims paid for, if greater than 3.						

				Multiple Dependent Claims	
				Fee ($)	Fee Paid ($)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
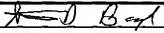
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
_____ - 100 = 0	/ 50	0 (round up to a whole number)	x	$270.00	=	$0.00

4. OTHER FEE(S)

	Fee Paid ($)
Non-English specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2- month Extension of Time; Request for Continued Examination	$1,300.00

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent)	31,000	Telephone	215-419-5270
Name (Print/Type)	Steven D. Boyd			Date	July 15, 2010